

SHUR-TRAK™ ORDER FORM

1 CONTACT INFORMATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
BOX/TRAILER MAKE _____

2 REQUIRED MEASUREMENTS

TARP BODY LENGTH _____
MUST ANSWER THIS.
TARP WIDTH _____
FABRIC TYPE
 MESH VINYL
FABRIC COLOR(S) _____
TRAILER WIDTH _____
FRONT SECTION
 RAISED LAT
BOW COUNT _____
BOW RISE _____

Ordering a Replacement Tarp

Certain information is crucial to getting the right replacement tarp to fit your tarping system. Fill out all of the information requested at left.

